Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Ā	For th	he 2009 ca	alendar year, or tax year beginning January 1 , 2009, and endin	g Decer	nber 31	, 20 09
В	Check if	applicable:	Please C Name of organization The Mosaic Project		D Emplo	yer identification number
		s change	use IRS label or Doing Business As		94	3367263
$\overline{}$		change	print or Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Teleph	one number
$\overline{}$	nitial re	•	type. See 580 Grand Avenue	303	(510)	530-3377
	Termina		Specific Instruc- City or town, state or country, and ZIP + 4	,		
$\overline{}$		ed return	tions. Oakland, CA 94610-3515		G Gross re	eceipts \$ 549,052
		ion pending	F Name and address of principal officer: Margaret Hodder	H(a) (e this	a group return	n for affiliates? Yes No
	фриси	ion portaing	2223A Woolsey Street, Berkeley, CA 94705	I		included? Tyes No
T	Tax-ex	kempt status	The second secon	1		list. (see instructions)
J	Webs	site: ► wy	ww.mosaicproject.org		exemption nu	·
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			f legal domicile: CA
	art I	Summ	·			· · · · · · · · · · · · · · · · · · ·
	1	Briefly de	escribe the organization's mission or most significant activities: The N	losaic Proj	ect work	s towards a peaceful
	•	future b	y uniting children through our innovative Outdoor School and supp	ortina proc	arams. V	Ve unite vouna
če			of diverse backgrounds, provide them with essential skills to thriv			
Ē			er them to strive for peace. We create a microcosm of the diverse, i			
Ş	2		box ► ☐ if the organization discontinued its operations or disposed of more than 25%			
ŏ	3		of voting members of the governing body (Part VI, line 1a)		3	19
Activities & Governance	4		of independent voting members of the governing body (Part VI, line 1)))	4	16
/itie	5		mber of employees (Part V, line 2a)	9,	5	31
1 5	-		f the transfer of the transfer	<u> </u>	6_	12
•			nber of volunteers (estimate if necessary) ss unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
			lated business taxable income from Form 990-T, line 34		. 7b	0
_		<u> </u>		Prior Ye	ear .	Current Year
	8	Contribut	tions and grants (Part VIII, line 1h),,,,,,,,,,,,		370,876	320,421
Ϊe	9			239,375		220,271
Revenue	1 -	_	service revenue (Part VIII, line 2g)		141	. 358
æ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,905	5,624
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		623,297	546,674
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
es S			other compensation, employee benefits (Part IX, column (A), lines 5–10)		277,505	293,156
ens		-	onal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	1		draising expenses (Part IX, column (D), line 25) ▶	nekana dan kerantah	Sale Company	adale with a state of the state of
_	I		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		298,145	294,823
			penses (Fait IX, column (A), lines Tra-Trd, Tri-24)		575,650	587,979
			less expenses. Subtract line 18 from line 12		47,647	(41,305)
r S			· · · · · · · · · · · · · · · · · · ·	Beginning of C		End of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)		154,624	126,748
ABS	21		oilities (Part X, line 26)		53,185	66,612
E E	22		ts or fund balances. Subtract line 21 from line 20.		101,440	60,135
Pa	art II		ature Block		-	
		Under pe	nalties of perjury, I declare that I have examined this return, including accompanying sched	ules and stater	nents, and	to the best of my knowledge
		and belie	of, it is true, correct, and complete. Declaration of preparer (other than officer) is based on			eparer has any knowledge.
Sig	ın		Marsaret J. Hodden		8/15/10	
He	re	Sign	ature of S ificer	Dat	ө	
		 	Margaret J. Hodder, President			
	,	Туре	e or print name and title			
		Preparer'		neck if		dentifying number
Paic	4	signature	50	nployed ▶ 🔲	(see instruc	tions)
	, parer's	.				
	only	Firm's na	ame (or yours	EIN	<u> </u>	
	Only	if self-em address,	and ZIP + 4	Phone n	0, ▶ ()
Ma	v the	IRS discu	uss this return with the preparer shown above? (see instructions) .			. Yes No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	The Mosaic Project works towards a peaceful future by uniting children of diverse backgrounds, addressing issues of
	difference, and building self-esteem and community in our unique human-relations outdoor school. In complementary
	programs we provide leadership training to high school cabin leaders and reinforce students' learning through
	extensive in-school training in our partner schools, as well as staff professional development and consulting.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7? Yes V No
	the prior Form 990 or 990-EZ?
•	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(0 t) (7 A 269 224 to detail of the 10 to (70 to (
4a	(Code:) (Expenses \$ 368,231 including grants of \$ 0) (Revenue \$ 214,625) The Residential Program (Outdoor School): Our principal program is our unique human-relations outdoor school. This
	dynamic 4-night, 5-day experience for 4th and 5th graders is offered during the school week. Three classes, from
	schools that differ markedly in socioeconomic, racial, and ethnic make-up participate in the program together, giving
	the students the opportunity to experience firsthand a diverse setting in which all are welcomed and respected. The
	residential setting, combined with the young age of our students, make The Mosaic Project's approach to human
	relations education entirely unique. In 2009, The Mosaic Project ran 10 sessions of our outdoor school serving 853
	students and 60 teachers from 26 schools. The program has a profound impact as demonstrated by quantitative and
	qualitative evaluations as well reports by teachers, school staff and parents. At the end of the residential program,
	the majority of students have increased their abilities in the areas of empathy, conflict resolution, anger management,
	and identification of discrimination, as well as experience increases in self-esteem, contentment with school, and
	appreciation of difference. The majority of teachers & principals report positive behavioral changes among individual students and on the classroom or group level. Long term, we expect to see a decrease in hate crimes and violence.
	(Code:) (Expenses \$ 91,551 including grants of \$ 0) (Revenue \$ 0)
40	Youth Leadership Project: We offer leadership training for high-school students who serve as mentors and cabin
	leaders for the 4th and 5th graders in our outdoor school. The students also had the opportunity to participate in
	community building and challenging "edu-socials" and volunteer service learning opportunities throughout the year.
	In 2009, The Mosaic Project served 148 students from 16 high schools. We offered approximately 950 hours of
	programming, including 146 of training, 750 at the outdoor school, 30 of edu-socials, and 24 of summer "inscursions".
	Our students learn tools to become the people they want to be, and in turn they become cultivators of the world they
	want to see. One hundred percent of the youth leaders state that they have been happy with their experiences with
	The Mosaic Project. Youth Leaders consistently express improvement in overall quality of life as a result of being
	a part of The Mosaic Project's community and programming. The experience gained often provides a springboard for our students in the future endeavors, including job acquisition and college admissions.
	our students in the luture endeavors, including for addication and concae dumissions.
4c	(Code:) (Expenses \$ 34,682 including grants of \$ 0) (Revenue \$ 5,646)
	In-School Program and Workshops/Trainings for Other Organizations: To prepare students for our outdoor school
	program, we partner with schools to coordinate ongoing in-school workshops and assemblies that begin as early as
	kindergarten. These programs prepare students for, follow-up on, and enhance the outdoor school learning exper-
	ience. The Mosaic Project provided 71 in-school programs serving 1,500 students and 147 teachers. In 2009, we
	created and tested our expanded in-school program in four pilot schools. Our current vision for a comprehensive in-school program consists of: two to three in-class sessions for each classroom in every level per year: an annual
	school-wide assembly; an annual teacher-training; and an annual parent forum that will enable parents to understand
	Mosaic objectives and support them in reinforcing Mosaic lessons with their children. In addition, The Mosaic Project
	provided 11 trainings as well as consultations to other organizations. These trainings improved youth leaders',
	teachers', and service providers' skills in addressing issues of difference, conflict resolution, and building
	inclusive communities.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► \$494,464

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		√
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	·	✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		√
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization maintain an office, employees, or agents outside of the United States?	170	-	 *
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓ .
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		/

Par	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	:	√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns, Enter -0- if not applicable			3
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Harle	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			10012
	gaming (gambling) winnings to prize winners?	1c	V Perilipa	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			18014
	Statements, filed for the calendar year ending with or within the year covered by this return	2b		SEXEG
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			Q pray
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			M.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		✓
h	this return?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
Ta	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	DY-OVERVEY STORES	/
b	If "Yes," enter the name of the foreign country: ▶		Mile.	in a
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		10.00	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		1
b		5b		. ✔
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		i
	Prohibited Tax Shelter Transaction?			1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- Va		_
	organization solicit any contributions that were not tax deductible?			
D	gifts were not tax deductible?	6b	i	
7	Organizations that may receive deductible contributions under section 170(c).			S.L.
a	The state of the second st		100.00	
-	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 6262 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	Misangi	
	benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ย h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
• • • • • • • • • • • • • • • • • • • •	required?	7h	110000000000000000000000000000000000000	THE STREET
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Mary.	o enotat	in in
	organization, have excess business holdings at any time during the year?	8	Silentia.	l se se di
9	Sponsoring organizations maintaining donor advised funds.	1 .		
а	Did the organization make any taxable distributions under section 4966?	9a 9b		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		un an
10	Section 501(c)(7) organizations. Enter:	100		N.
a	initiation lees and capital contributions included on that vin, into 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders		1111	
a b	Closs modifie from members of strate-fronted strategy and			A COL
	amounts due or received from them.)			100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	i Salamana	1 10 and 1 and 1
· b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		·	
1a	Enter the number of voting members of the governing body		Yes	No
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			dan eri
-	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
		4		7
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		'
5	Did the organization become aware during the year of a material diversion of the organization's assets?			
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			,.
	of the governing body?	7a		V
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	astrontas	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	(1)4400		
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		-	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
800	tion B. Policies (This Section B requests information about policies not required by the International Control of the Control			•
	enue Code.)	ıı ıaı		
1160	inue coue.)			
			Yes	No.
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11	\	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
, ,	rise to conflicts?	12b	\	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	(CONTRACTOR	
		15b		1
Ø	Other officers or key employees of the organization			¥
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	AT MANY	(1999)
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	May 2	160	MUMA.
	the organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	c)(3)s	onlv)	
•	available for public inspection. Indicate how you make these available. Check all that apply.	-,,-,~)/	
	✓ Own website ✓ Another's website ✓ Upon request			
40	·	of Int	oroc i	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi inte	ฮเษร์เ	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	t the	
	organization: ▶ Margaret Hodder & Barbara Lubinski, 580 Grand Avenue, #303, Oakland, CA 94610, 510	452-	53/7	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co		any c	urre	ent	offic	cer, d	irec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week		Positivitional trustee Positivity Pormer Positivity Pormer Highest compensa Hi		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization			
		trustee	il trustee		ýæ	Highest compensated employee				and related organizations
Lara Mendel Executive Director and Director	80	1			1	✓		45,000	0	0
Margaret (Gogi) Hodder President and Director	20	1		1				0	0	0
Ann Fischer Hecht Vice President and Director	1	1		1				. 0	0	0
Mark Breimhorst Treasurer and Director	1	/		1				0	0	0
Albert Chan Secretary and Director	1	✓		✓				0	0	0
Michele Brown Nominating Committee Chair and Director	1	1						0	0	0
Ted Harrison, J.D. Development Committee Chair and Director	1	1						0	0.	0
Tari Nicholson Event Committee Co-Chair and Director	1	1						0	0	0
Timmy Yuen Event Committee Co-Chair and Director	1	1						0	0	. 0
Erica Cicero Director	1	1						0	0	0
Chris Darby Director	1	1						0	0	0
Brett Dennen Director	1	√						. 0	0	0
Jose Durante* Director and Staff (*paid as staff)	4	√						2,450	0	0
Shivani Ganguly Director	1	1						0	0	0
Steve Goldberg Director	1	1						0	0	0
Kristen Hull Director	1	1						0	0	. 0

Pa	T VII Section A. Officers, Directors, Tru	r 	/Emp	loye			a Hig	nesi			s (CO	
	(A)					C)	that ap	214	(D) Reportable	(E) Reportable		(F) Estimated
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from , the organization (W-2/1099-MISC)	compensation from relate organization (W-2/1099-M	on d ns	amount of other compensation from the organization and related organizations
	a Ibrahim ector	1	1						0		. 0	0
	Linda K Ricketts, Ed.D	1	,						. 0		0	0
	ector	'	✓									•
	ienne Wilson ector	1	1						. 0		0	0
			•									
									•			
												<u> </u>
1b	Total					<u></u>		>	47,450		0	0
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	liste	ed a	above) wł	no received mo	ore than \$10)0,00	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o			Yes No 3 ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of rep	ortabl	е с	omp	ens	sation	and	d other compe	nsation fron	n	
5	individual	or accrue	 com				from		unrelated org	anization fo	r	
Sec	ction B. Independent Contractors	res, comp	лете	JUII	euu	10 0	101 3	uci i	person			5 1
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt o	contra	acto	rs that receive	d more than	\$10	00,000 of
	(A) Name and business add	dress				-			(B) Description of s	ervices		(C) Compensation
No	ne.											
								_				
2	Total number of independent contractors (i more than \$100,000 in compensation from					l to	those	liste	ed above) who	received		

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ls, grants amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c	0 0				
ig je ija	d e	Related organizations 1d Government grants (contributions). 1e All other contributions, gifts, grants,	0				
Contributions, and other sim	g	and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	304,321 16,100 ▶	320,421			
evenue	2a	Outdoor School Program Fees	611600 611600	214,625 4,996	214,625 4,996	0	214,625 4,996
ervice R	c p	In-School Program Fees Workshops & Consulting Fees	611600	650	650	0	650
Program Service Revenue	e f	All other program service revenue .		220,271			
	3	Total. Add lines 2a-2f	s, interest, and	358	358	· 0	358
	4 5	Income from investment of tax-exempt bon Royalties	d proceeds	0	0	0	0
	b	(i) Real	0				
	d	Net rental income or (loss)	▶ (ii) Other	0	0	0	0
		Less: cost or other basis and sales expenses . Gain or (loss)					
enne	8a	Net gain or (loss)					
Other Rev	Ь	of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
ŏ	C	Net income or (loss) from fundraising of Gross income from gaming activities.	•	0	0	0	0
		See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activ	0	0	0	0	0
•	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	2,378				
	11a	Net income or (loss) from sales of invent Miscellaneous Revenue	Business Code	5,624	5,624		5,624
	b						
	d e 12	All other revenue		546,674	225,895		225,895
	1.2	i otal fotoliaci dee moliaciiono.	<u> </u>	10,070		· · · · · · · · · · · · · · · · · · ·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), as						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	_0	0			
	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	Ò			
	Grants and other assistance to governments, organizations, and individuals outside the	0	0			
	U.S. See Part IV, lines 15 and 16	0	0			
4	Benefits paid to or for members			TATION OF THE PROPERTY OF THE PARTY OF THE P		
5	Compensation of current officers, directors, trustees, and key employees	47,450	35,029	3,593	8,828	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0	
7	Other salaries and wages	209,605	162,348	27,201	20,055	
8	Pension plan contributions (include section 401(k)				۸	
	and section 403(b) employer contributions)	13,886	0 12,498	0 694	694	
9	Other employee benefits	22,215	12,498	2,026	1,620	
10	Payroll taxes	22,210	10,000	2,020	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11	Fees for services (non-employees): Management	0	0	0	0	
	Legal	0	0	0	0	
	Accounting	0	0	0	0	
	Lobbying	0	0	0	0	
	Professional fundraising services. See Part IV, line 17				0	
f	Investment management fees	0	0	0	0	
g	Other	0 400	4.022	98	98	
12	Advertising and promotion	2,129 4,163	1,933 3,555	197	411	
13	Office expenses	1,276	1,008	212	56	
14	Information technology	1,2,0	0	0	0	
15	Royalties	11,250	10,125	563	562	
16 17	Occupancy	710	710	0	0	
18	Payments of travel or entertainment expenses					
10	for any federal, state, or local public officials	. 0	0	0	0	
19	Conferences, conventions, and meetings .	1,637	1,517	60	60	
20	Interest	0	0	0	0	
21	Payments to affiliates	0 2 700	2 700	0	0	
22	Depreciation, depletion, and amortization.	2,700 3,530	2,700 3,530	0	0	
23	Insurance	3,530	3,030			
24	Other expenses litemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed					
	5% of total expenses shown on line 25 below.)	227.422	240.040		24 700	
, a	See schedule #1	267,428	240,942	4,693	21,793	
b						
C		·				
d						
e f	All other expenses	·· ·				
25	Total functional expenses. Add lines 1 through 24f	587,979	494,464	39,337	54,178	
26	Joint costs. Check here ▶ ☑ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Part	X Balance Sheet			
		(A) Beginning of year		(B) End of year
Τ.	1 Cash—non-interest-bearing	84,409	1	55,741
l l	2 Savings and temporary cash investments	36,002	2	20,210
i	3 Pledges and grants receivable, net	18,000	3	18,924
- 1	4 Accounts receivable, net	7,121	4	21,315
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
•	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
<u>د اید</u>	7 Notes and loans receivable, net	0	7	0
Assets	8 Inventories for sale or use	0	8	0
۶ ۲	9 Prepaid expenses and deferred charges	3,155	9	7,320
10	Da Land, buildings, and equipment: cost or 10a 23,812 other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 17,875	-		3,237
11	1 Investments – publicly traded securities	0	11	0
12	2 Investments—other securities. See Part IV, line 11	0		0
10	3 Investments-program-related. See Part IV, line 11	0		0
14			14	0
18			15	0
16				126,748
17	7 Accounts payable and accrued expenses	3,185		16,612
18	8 Grants payable		18	
19	9 Deferred revenue	0		0
20		. 0	_	0
Liabilities				
2		1	23	0
2		50,000	24	50,000
2	and the same of th	0	25	0
20	*		26	66,612
	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u></u>	7 Unrestricted net assets	71,440	_	40,135
B 2		30,000		20,000
Net Assets or Fund Balances	9 Permanently restricted net assets	0	29	
्र <u>ध्</u> र 3	O Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
တ္တို ဒ			31	
≝ 3	2 Retained earnings, endowment, accumulated income, or other funds		32	
<u>₹</u> 3	3 Total net assets or fund balances	101,440		60,135
_ 3	4 Total liabilities and net assets/fund balances	154,624	34	126,748

Εal	TX Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	and a		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		10.07	
	Schedule O.	O O	A COMMANDED !	neureann L
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	-	· /
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	11.12		\$ 11
		juliu.	6.0	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1.44		Wile.
	issued on a consolidated basis, separate basis, or both:	100.00		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?	3a		1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
D		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ا تاب		

Form **990** (2009)

The Mosaic Project
EIN: 94-3367263
2009 IRS Form 990
Schedule 1- Other Expenses
Part IX, Line 24 Detail

Program Facilities & Food
Staff Training and Development
Supplies
Program Expenses - other
Payroll Processing Fees
Workers Comp Insurance
Dues and Memberships
Bank Fees
Board Expense
Donor Development
Fundraising Events
In-kind expense
Miscellaneous Expense

21,793	4,693	240,942	267,428
22	25	3 >×**×	254
2,600	1,000	12,500	16,100
17,25	0	0	17,252
1,37	O	0	1,372
_	298	0	298
	1,672	0	1,672
	125	0	125
17:	255	5,416	5,844
	1,235	235	1,470
	0	1,288	1,288
16.	83	11,200	11,450
		3,420	3,420
-	0	206,883	206,883
Fundraising	General	Services	(A) Total
(D)	(C) Management &	(B) Program	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

The	Мо	saic Project							94		367263
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ns must	t comple	ete this	part.) Se	e instruc	tions.
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.) .	
.1				rches, or association			ribed in s	ection 1	70(b)(1)(<i>/</i>	A)(i).	
2				on 170(b)(1)(A)(ii). (Att							•
3		A hospital or	a cooperative h	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4		hospital's na	me, city, and sta	tion operated in conj ate:				<u> </u>			
5			ion operated for (b)(1)(A)(iv). (Cor	the benefit of a colleg nplete Part II.)	ge or uni	versity ov	vned or c	perated	by a gov	ernmental	unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9				receives: (1) more that				n contrib	utions, m	nembershi	p fees, and gross
•	_	receipts from	n activities relate	ed to its exempt funct	ions-su	bject to d	certain ex	ceptions	, and (2)	no more	than 33¼ % of its
		support fron	n gross investm	ent income and unre	lated bus	siness tax	kable inc	ome (les	s section	511 tax)	from businesses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(a)(2). (Co	mplete F	Part III.)		
10		An organizat	ion organized a	nd operated exclusive	ely to test	for publi	ic safety.	See sec	tion 509	(a)(4).	
11		An organizat	tion organized a	and operated exclusiv	ely for th	ne benefi	t of, to p	perform t	he functi	ons of, o	r to carry out the
		purposes of	one or more pul	bliely supported organ	of auppe	describe	d In Secti	on 509(a)(1) or se c	2000 2090 2011 2012	a)(2). See section
				at describes the type							Type III-Other
		a ☐ Type		Type II	: Typ						• •
е	Ш	By checking	this box, I cen	illy that the organizat In managers and other	ion is no	or more	ea airec Dublicty	supporte	alrectly b	y one or zations de	more disqualified escribed in section
			section 509(a)(2)		i illali om	5 01 111010	publicly	auppoite	a organii		
f				a written determinati	on from	the IRS t	that it is	a Tyne	l Tyne II	or Type	III supporting
•			, check this box								
g				the organization acce	epted anv	gift or c	ontributio	on from a	iny of the	•	
9		following pe		3		J			•		
		(i) A persor	who directly or	r indirectly controls, en	either alo	ne or tog	ether wit	th persor	ns descril	oed in (ii)	Yes No
				rson described in (i)							11g(ii)
		(iii) A 35% c	ontrolled entity	of a person described	d in (i) or						11g(iii)
h		Provide the	following inform	ation about the suppo	orted org	anization((s).				
(i)	Nam	e of supported	(ii) EIN	(ili) Type of organization	(iv) Is the (organization		ou notify		ls the	(vii) Amount of
,	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. zed in the	support
				(see instructions))				oort?		S.?	
					Yes	No	Yes	No	Yes	No	
•											
								:			
-											
						<u> </u>				.,-	
									<u> </u>		
_										li de la companya de	

	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)										
	tion A. Public Support										
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	153,755	200,387	228,100	370,876	320,421	1,273,539				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	. 0	0	0	0	0				
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0 153,755	0 200,387	0 228,100	0 370,876	0 320,421	0 1,273,539				
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	155,755	200,387	228,100	370,876	320,421	1,273,539				
6	shown on line 11, column (f)						1,129,059				
	tion B. Total Support	1			AND THE PROPERTY OF THE PROPER	POLICE CONTROL OF THE PROPERTY	-,,				
	Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total										
7	Amounts from line 4	153,755	200,387	228,100	370,876	320,421	1,273,539				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	286	342	501	141	358	1,628				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	. 0	0	0 :	0				
11	Total support. Add lines 7 through 10 .						1,275,167				
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	1,106,928				
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ► □				
	tion C. Computation of Public Su			·	•	<u> </u>					
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 11	, column (f))		14	89 %				
15	Public support percentage from 2008 Scl					15	85 %				
16a	33% % support test-2009. If the organi										
	and stop here. The organization qualifies										
b	331/3 % support test-2008. If the organization										
	box and stop here. The organization qua	-		-							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and <mark>stop here.</mark>	Explain in Part	IV how the				
b 18	10%-facts-and-circumstances test-2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant Private foundation. If the organization did	acts-and-circum ances" test. The	stances" test, c organization qua	heck this box a lifies as a public	and stop here . By supported or	Explain in Part ganization	IV how the				

Pai	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)											
Sec	tion A. Public Support											
	ılendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						·					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513											
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
5	The value of services or facilities furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5		_				<u> </u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .											
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year											
С	Add lines 7a and 7b	MR (I one) Transaction (Sec.		THE RESIDENCE OF THE PROPERTY	Nerska (1)							
	Public support (Subtract line 7c from line 6.)											
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2008	(6) 2007	(u) 2008	(0) 2009	(i) iotai					
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources											
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		. um.									
с 11	Add lines 10a and 10b											
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
13	Total support. (Add lines 9, 10c, 11, and 12.)											
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>			/ear as a sectio						
Sec	tion C. Computation of Public Su				,	T T						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008	Schedule A, Pa	art III, line 15	ne 13, column		15 16	% %					
Sec	tion D. Computation of Investme	nt Income Po	ercentage									
17	Investment income percentage for 200	•		_		17	<u>%</u>					
18	Investment income percentage from 20					18	<u>%</u>					
19a b	33% % support tests—2009. If the org 17 is not more than 33% %, check this b 33% % support tests—2008. If the organ	oox and stop h e	e re. The organ	ization qualifies	s as a publicly	supported orga	ınization ▶ 🗆					
D.	line 18 is not more than 331/3 %, check thi	s box and stop	here. The orga	nization qualifie	es as a publicly	supported orga	nization ► L.J					
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or <mark>19</mark> b	o, check this b	ox and see inst	ructions ➤ 🔲					

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Internal Revenue Service **Employer Identification number** Name of the organization 94 3367263 The Mosaic Project Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part ! the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 , (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

_	- 4
Page	ž

Par	t III Organizations Maintaining	Collections	of Art, H	istorical	Treasure	s, or Ol	her Similar .	Assets (continued)		
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther reco	rds, ched	ck any of th	e follow	ing that are a	significant use of its		
а	Public exhibition	•	d		oan or exch					
b	Scholarly research		0	Ш o	ther		• • • • • • • • • • • • • • • • • • • •			
C.	Preservation for future generations	;								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solic assets to be sold to raise funds rather that	ın to be mainta	ained as p	art of the	organizatio	n's colle	ction?			
Par	Escrow and Custodial Arran IV, line 9, or reported an amo					answere	ed "Yes" to F	Form 990, Part		
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?					ions or	other assets i	not Yes No		
b	If "Yes," explain the arrangement in Par	t XIV and con	nplete the	followin	g table:		1	A		
						100		Amount		
C	Beginning balance					1c				
d	Additions during the year									
0	Distributions during the year					. <u>1e</u>				
f	Ending balance					. <u>1f</u>				
	Did the organization include an amount If "Yes," explain the arrangement in Par	t XIV.						. ∐ Yes ∐ No		
Par	rt V Endowment Funds. Compl									
	(ε	a) Current year	(b) Prid	or year				ack (e) Four years back		
1a	Beginning of year balance				dela dita	10.2		HE STATE OF THE ST		
b	Contributions				Adams to list to					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships						itilization (
е	Other expenditures for facilities									
	and programs					CAS DURAN				
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of the	e year end ba	lance hel	das:						
а	Board designated or quasi-endowment	>	%				•			
b	Permanent endowment ▶	%								
C	Term endowment ▶%									
3а	Are there endowment funds not in the poorganization by:	ssession of th	ne organiz	ation tha	t are held a	nd admi	nistered for th	Yes No		
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations				• . • . •			. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz					• • •		. 3b		
4	Describe in Part XIV the intended uses					N-14 N/ 15	10			
Par	t VI Investments—Land, Buildi		<u> </u>		· 1					
	Description of investment	(a) Cost or ot (investm			t or other (other)	de	ccumulated preciation	(d) Book value		
1a	Land					Receive 1				
b	Buildings									
С	Leasehold improvements									
d	Equipment				23,812		20,575	3,237		
<u>e</u>	Other									
Tota	il. Add lines 1a through 1e. (Column (d) mus	t equal Form 9	90, Part X	, column	(B), line 10(c	<i>).)</i>	▶	3,237		

Part VII Investments—Other Securities	See Form 990, Part >	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	
Other			
		 -	
			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			oren III.
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			S. (8)
Part IX Other Assets. See Form 990, Pa	rt X. line 15.	ORDER HORSE TO A CONTROL OF THE STATE OF THE	
	(a) Description	(b) Book value	,
entre v			·
			
		·	
Total. (Column (b) must equal Form 990, Part X, col.	/D) lino 15)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		lighti)
Federal income taxes	(4) (4)		
· Oddrai indomo taxoo			
			Mary Services
			W.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S		nents ·
	Total revenue (Form 990, Part VIII, column (A), line 12)	2	·
	Total expenses (Form 990, Part IX, column (A), line 25)	3	
	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
	Net unrealized gains (losses) on investments	5	
	Donated services and use of facilities	6	
	investment expenses	7	
	Prior period adjustments	8	
	Other (Describe in Part XIV.)	9	
	Total adjustments (net). Add lines 4 through 8	10	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		r Return
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	26	2
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	er Return
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ų.	
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	26	5
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.) ,	1	H
		THE PLANT	
	Add lines 4a and 4b	40	
•	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information		:

Schedule D (For	orm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
Fait Aiv	Supplemental information (continues)	
••••		
	·	
		.
	<u> </u>	.
		
•••••••••••••••••••••••••••••••••••••••		
		
		• • • • • • • • • • • • • • • • • • • •

	•	
		
		•••••

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization The Mosaic Project

94

Employer identification number

3367263

Part I	Excess Benefit Transactions Complete if the organization answer	(section ered "Yes	501(c)(" on For	3) and sect m 990, Part	ion 501(d IV, line 25	c)(4) organi 5a or 25b, or	zations o	nly). 0-EZ, I	⊃art V,	, line 4	0b.				
					415							(c) Con	ected?		
1	(a) Name of disqualified person				(b) L	Description of	transaction					Yes	No		
	· · · · · · · · · · · · · · · · · · ·														
·····															
		•													
								`							
un	ter the amount of tax imposed on t der section 4958									▶ \$					
3 En	ter the amount of tax, if any, on line	e 2, abo	ve, reim	bursed by	the orga	nization .		y •		▶ \$					
Part I	Loans to and/or From Interes	sted Per	rsons.			"	,			•					
	Complete if the organization ar	swered	"Yes"	on Form 99	0, Part 1	V, line 26, c	or Form 9	990-E	Z, Pa	rt V, li	ine 38	3a			
(a)	Name of interested person and purpose		to or from inization?	(c) Orig principal a		(d) Balan	by bo		by board		e (e) In default? (f) Approve by board o committee?		ard or		ritten ment?
		То	From					Yes	No	Yes	No	Yes	No		
	•			1.0.											
					•										
									<u> </u>				·		
		ļ	ļ					-	<u> </u>						
		 								-					
Total			1		. ▶ \$					N O		(1)			
Part I	Grants or Assistance Benefit	ing Inte	rested	Persons.				TOTAL PROPERTY.		E COLOR DE LA COLO					
	Complete if the organization ar						l ,		ot and	tima	f popular	lanaa			
	(a) Name of interested person	(b) He	elationsnif	between inte organizat		son and the	,,,) Amou	ini and	type o	ı assısı	lance			
					•										
		-													
		 													
		<u> </u>					<u> </u>								
Part l	Business Transactions Involve Complete if the organization at	ring Inte	rested "Yes"	Persons.	00. Part l	V. line 28a.	. 28b. or	28c.							
	a) Name of interested person			p between		mount of	ı	scriptic	on of tr	ansacti	on	(e) Sha	aring of		
,	ay ivalite of interested person			on and the		saction	(,					organia	zation's nues?		
												Yes	No		
Margai	ret Hodder	found	ler/Pres	sident		1,800	rent on	stora	ige si	oace			✓		
		 			 -		 								
		+			· - · · ·		 								
												i	1		

SCHEDULE 0 (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

3367263

Employer identification number

94

The Mosaic Project	94	3367263								
Part VI.B.11: The process used to review Form 990 is as follows. The Form 990 is drafted	d by the	Board President, then								
reviewed by key staff and board before submission.										
Part VI.B.12: Annually, all members of the Board of Directors and key employees complete a disclosure form wherein they										
report any possible conflicts of interest. This form is kept on file by the organization and										
Part VI.C.19: The Mosaic Project makes is governing documents, policies, financial statements and information returns										
available to the public through posting in its website, as well as being available on external websites (such as Guidestar),										
and copies or personal inspection are available to the public upon request.										
······································		•								
		·								
	· 									
		·								
		·								